

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                |               |
|---|-----------------------------------|---|----------------|---------------|
| 1 Date of Request: <u>5/10/05</u>                     |                                   | 2 Serial/Patent # <u>10624783</u>   |                |               |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED   | 6 AMOUNT      |
|   | Filing                            |   |                | \$            |
|   | Amendment                         |   |                | \$            |
|   | Extension of Time                 |   |                | \$            |
|   | Notice of Appeal/Appeal           |   |                | \$            |
| <u>1462</u>   | Petition                          |   | <u>4/11/05</u> | \$ <u>400</u> |
|   | Issue                             |   |                | \$            |
|   | Cert of Correction/Terminal Disc. |   |                | \$            |
|   | Maintenance                       |   |                | \$            |
|   | Assignment                        |   |                | \$            |
|   | Other                             |   |                | \$            |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |                | <u>\$400</u>  |
|   |                                   | 8 TO BE REFUNDED BY:  |                |               |
|   |                                   | Treasury Check  |                |               |
|   |                                   | Credit Deposit A/C #:   |                |               |
|   |                                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           02--2955         </div> |                |               |
| 10 REASON:  |                                   |   |                |               |
|   | Overpayment                       |   |                |               |
|   | Duplicate Payment                 |   |                |               |
| <u>X</u>  | No Fee Due (Explanation):         |   |                |               |
| <u>YET DUE TO PTO ERROR</u>                           |                                   |   |                |               |
|   |                                   |   |                |               |
| 11 REFUND REQUESTED BY:                               |                                   |   |                |               |
| TYPED/PRINTED NAME: <u>D WOOD</u>                     |                                   | TITLE: <u>SR ATT</u>  |                |               |
| SIGNATURE: <u>[Signature]</u>                         |                                   | PHONE: <u>272 3231</u>  |                |               |
| OFFICE: <u>OP</u>                                     |                                   |   |                |               |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                |               |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>5/11/05</u>  |                |               |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch**